
National Cardiovascular Center



_____ — _____

一	二	三	四	五	六	七	八	九	十
十一	十二	十三	十四	十五	十六	十七	十八	十九	二十
二十一	二十二	二十三	二十四	二十五	二十六	二十七	二十八	二十九	三十
三十一	三十二	三十三	三十四	三十五	三十六	三十七	三十八	三十九	四十
四十一	四十二	四十三	四十四	四十五	四十六	四十七	四十八	四十九	五十
五十一	五十二	五十三	五十四	五十五	五十六	五十七	五十八	五十九	六十
六十一	六十二	六十三	六十四	六十五	六十六	六十七	六十八	六十九	七十
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八十一	八十二	八十三	八十四	八十五	八十六	八十七	八十八	八十九	九十
九十一	九十二	九十三	九十四	九十五	九十六	九十七	九十八	九十九	一百



Before starting the questionnaire

The Epidemiology Research Group of the Ministry of Health, Labor and Welfare is working on research on "How do I prevent adult illnesses such as cancer, stroke, myocardial infarction, etc.?" In this context, we carried out the "Health Promotion Questionnaire" from 1990 to 1991 targeting people who were born from 1930 through 1949 who live in the cities, towns and villages of five health center districts throughout the nation.

Five years have passed since the survey, and we are carrying out a second questionnaire to find out whether there have been any changes in lifestyle or health status of people during this interval, and also details about the state of your dietary life. We would like to ask your cooperation now that you understand the background of this survey.

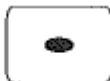
If you are willing to participate this time, please read the "Instructions on How to Fill in the Questionnaire" below and answer the questions beginning on the following page.

Instructions on How to Fill in the Questionnaire

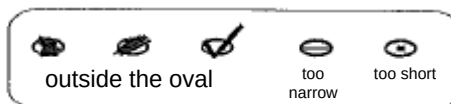
1. As much as possible, please fill in this questionnaire by yourself.
2. Please fill in the given space (the oval circles) that apply with a black pencil, or enter a number of letter in the box. If you choose "Other" in the multiple choice selections, please fill in specific details in the parentheses.
3. Please use an HB, B or H graphite pencil.
4. Please do not use a fountain pen or ballpoint pen.
5. If you have any corrections, please erase them entirely with an eraser.
6. Please do not fill in anything in the blank spaces.

(example for filling in the mark)

Good
Example



Bad
Example



For example, please fill it in as shown below if you currently smoke cigarettes, and you smoke 20 cigarettes on average per day.

Currently, do you smoke cigarettes?

☒ I smoke ☐ I quit ☐ I do not smoke

If you "are smoking," the number of cigarettes you smoke on average per day is

100 digit	10 digit	1 digit
	2	0

cigarettes

If you "quit," what was the reason that you quit?
Please mark only one for the reason that applies.

☐ Because it damaged my health	☐ Because it was not good for my future health
☐ I was told to do so by my family and acquaintances	☐ I was told to do so by my healthcare provider
☐ Because it bothered the people around me	☐ Because of economic reasons
	☐ Other

In the "100 digit" space, fill in the 0.

100 digit	10 digit	1 digit
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

What month is it today?						
☐ January	☐ February	☐ March	☐ April	☐ May	☐ June	
☐ July	☐ August	☐ September	☐ October	☐ November	☐ December	

☐ January
 ☐ February
 ☐ March
 ☐ April
 ☐ May
 ☐ June
☐ July
 ☐ August
 ☐ September
 ☐ October
 ☐ November
 ☐ December

What is your gender?	☐ Male	☐ Female
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 Male
 Female

About how tall are you currently?	About how much do you weigh currently?
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About how much do you weigh currently?

[illegible]

We are going to ask you about “rice (cooked rice).”

About what size rice bowl do you eat with?

☐ Small rice bowl ☐ Normal rice bowl ☐ Donburi large rice bowl

About how many bowls do you eat in 1 day, combining breakfast, lunch and dinner?

How many bowls of cereal do you eat in 1 day, combining breakfast, lunch and dinner?

☐ Less than 1 bowl
 ☐ 1 bowl
 ☐ 2 bowls
 ☐ 3 bowls
 4 bowls
☐ 5 bowls
 ☐ 6 bowls
 ☐ 7 - 9 bowls
 ☐ 10 bowls or more

Do you eat vitamin-enriched rice?

☐ No ☐ Yes

Do you mix in wheat or millet or Japanese hie?

☐ I do not mix it in ☐ I sometimes mix it in ☐ I always mix it in

We are going to ask you about “miso soup.”

About how frequently do you eat it?

☐ I hardly ever eat it ☐ 1 - 3 days a month ☐ 1 - 2 days a week ☐ 3 - 4 days a week
☐ 5 - 6 days a week ☐ I eat it every day

About how many cups do you eat in 1 day, combining breakfast, lunch and dinner?

○ Less than 1 cup ○ 1 cup ○ 2 cups ○ 3 cups ○ 4 cups

○ 5 cups ○ 6 cups ○ 7 - 9 cups ○ 10 cups or more

How do you season it?

How do you season it: ☐ Fairly diluted ☐ Normal ☐ Fairly thick

Do not fill in

Currently, do you smoke cigarettes?

☐ I smoke ☐ I quit ☐ I do not smoke

If you "are smoking," the number of cigarettes you smoke on average per day is

100 digit	10 digit	1 digit
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

cigarettes →

If you "quit," what was the reason that you quit?
Please mark only one for the reason that applies.

☐ Because it damaged my health
☐ I was told to do so by my family and acquaintances
☐ Because it bothered the people around me

☐ Because it was not good for my future health
☐ I was told to do so by my healthcare provider

☐ Because of economic reasons ☐ Other

How frequently do you drink?

☐ I hardly ever drink ☐ 1 - 3 days a month ☐ 1 - 2 days a week
☐ 3 - 4 days a week ☐ 5 - 6 days a week ☐ I drink every day

Please choose the most usual combination that you drink in one day.

(Example) If normally after drinking one large bottle of beer you drink 2 go of Japanese sake, in the "Beer" area fill in "1 bottle" and in the "Japanese Sake" area fill in "2 go," and in the "Shochu or Awamori," "Whiskey," and "Wine" areas, fill in "I do not drink."

Japanese Sake 1 go (180ml)
☐ I do not drink ☐ less than 0.5 go ☐ 1 go ☐ 2 go ☐ 3 go ☐ 4 go ☐ 5 - 6 go ☐ 7 go or more

Shochu or Awamori 1 go (180ml)
☐ I do not drink ☐ less than 0.5 go ☐ 1 go ☐ 2 go ☐ 3 go ☐ 4 go ☐ 5 - 6 go ☐ 7 go or more

***Beer** Large bottle (633ml)
☐ I do not drink ☐ less than 0.5 bottle ☐ 1 bottle ☐ 2 bottles ☐ 3 bottles ☐ 4 bottles ☐ 5 - 6 bottles ☐ 7 bottles or more

Whiskey Single (30ml)
☐ I do not drink ☐ less than 0.5 glass ☐ 1 glass ☐ 2 glasses ☐ 3 glasses ☐ 4 glasses ☐ 5 - 6 glasses ☐ 7 bottles or more

Wine Glass (100ml)
☐ I do not drink ☐ less than 0.5 glass ☐ 1 glass ☐ 2 glasses ☐ 3 glasses ☐ 4 glasses ☐ 5 - 6 glasses ☐ 7 bottles or more

*Please make the conversion at medium bottle or 500ml can, 0.8 of a bottle; small bottle or 350ml can, 0.6 of a bottle

Currently, is there a medicine that is prescribed by your healthcare provider and that you take periodically?

☐ Yes ☐ No

↓

If "Yes," please mark all that apply.

☐ High Blood Pressure Medicine ☐ Medicine to Lower Cholesterol
☐ Diabetes Medicine ☐ Gout Medicine ☐ Other

→

Mark Not Necessary	☐	☐	☐	☐	☐
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Are there any vitamins that you take once or more per week?

Yes No

If answered "yes" above, please fill in the product name, and mark the type of vitamin, frequency that you take it, and time period.

(Example) If you have been taking 1 tablet of the vitamin C agent called "Hi-C S" every day for 8 years, please fill it in as follows.

 Vitamin C

Product Name
Hi-C S

Mark Not Necessary

Type and Product Name	Frequency							Time Period					
	1 - 2 tablets a week	3 - 4 tablets a week	5 - 6 tablets a week	1 tablet daily	2 - 3 tablets daily	4 - 6 tablets daily	7 tablets or more daily	Less than 1 year	1 - 2 years	3 - 4 years	5 - 9 years	10 - 19 years	20 years or more
Multivitamin													
Product Name:													
No Mark Necessary													
Beta Carotene													
Product Name:													
No Mark Necessary													
Vitamin C													
Product Name:													
No Mark Necessary													
Vitamin E													
Product Name:													
No Mark Necessary													
Other													
Product Name:													
No Mark Necessary													

In the past 5 years (from January 1, 1990 to present), have you been told by your healthcare provider that you have the following illness(es), and you had the following surgery(ies)? Please mark all that apply.

Disease

Stroke	Myocardial Infarction	Angina Pectoris	Diabetes
Gout	Cataracts	Gall Stones	Urethral Stones or Kidney Stones
Stomach Ulcers	Duodenal Ulcers	Stomach Polyps	Colon Polyps
Stomach Cancer	Colon Cancer	Liver Cancer	Chronic Hepatitis or Cirrhosis of the Liver
Breast Cancer	Uterine Cancer	Other Cancer → Site	Lung Cancer

Mark Not Necessary

Surgery

Stomach	Colon	Gall Stones	other → Site
Ovaries	Lung	Mammary glands	

Mark Not Necessary

Do not fill in

Questions about Your Dietary Life

Now some questions about your diet will follow.

Recalling your diet over the past one year, please answer with average frequencies and amounts.

If you answer all the items, a detailed nutritional calculation of your normal dietary life can be made, so we will be able to report to each of you individually at a later date whether you have a nutritional balance, or whether your vitamins are enough, etc.

There are a lot of questions, and it this may be difficult for you, but we ask you to please complete it to the end.

Example

If you eat beef steak about 2 times a month, and the amount you eat per time is about half a steak, then fill it in as follows.

Name of Food Item		I do not eat it	1 - 3 times a month	1 - 2 times a week	3 - 4 times a week	5 - 6 times a week	Once daily	2 - 3 times daily	4 - 6 times daily	7 times or more daily	Estimated Amount Per Time	Estimated Amount Per Time		
												Less (half or less) than the estimated amount	Same as the estimated amount	More (1.5 time or more) than the estimated amount
Beef	Steak										1 steak slice (about 150g)			
	Grilled (grilled meat, etc.)										5 thin slices (about 100g)			

If you hardly ever eat beef steak (less than once a month), fill it in as follows.

Name of Food Item		I do not eat it	1 - 3 times a month	1 - 2 times a week	3 - 4 times a week	5 - 6 times a week	Once daily	2 - 3 times daily	4 - 6 times daily	7 times or more daily	Estimated Amount Per Time	Estimated Amount Per Time		
												Less (half or less) than the estimated amount	Same as the estimated amount	More (1.5 time or more) than the estimated amount
Beef	Steak										1 steak slice (about 150g)			
	Grilled (grilled meat, etc.)										5 thin slices (about 100g)			

Do not fill in anything in the estimated amount. ↑

Recalling your diet over the past one year, please fill in average frequencies and amounts.

Name of Food Item		I do not eat it	1 – 3 times a month	1 – 2 times a week	3 – 4 times a week	5 – 6 times a week	Once daily	2 – 3 times daily	4 – 6 times daily	Estimated Amount Per Time	Estimated Amount Per Time		
											Less (half or less) than the estimated amount	Same as the estimated amount	More (1.5 time or more) than the estimated amount
Beef	Steak									1 steak slice (about 150g)			
	Grilled (grilled meat, etc.)									5 thin slices (about 100g)			
	Stewed (curry or stew, etc.)									3 pieces 2 - 3cm-diced (about 50g)			
Pork	Stir-Fried (vegetable stir-fry, etc.)									3 thin slices (about 60g)			
	Fried (port cutlet, etc.)									1 pork cutlet (about 100g)			
	Stewed (curry or stew, etc.)									3 pieces 2 - 3cm-diced (about 50g)			
	Boiled (boiled kakuni or Okinawan name: rafty, etc.)									2 slices (about 60g)			
	Soups (pork soup or Okinawan name: chumi soup, etc.)									2 thin slices (about 40g)			
	Pork liver (Nirareba stir-fry, etc.)									2 slices (about 40g)			
Chicken	Grilled (yakitori, etc.)									2 skewers of yakitori (about 70g)			
	Fried (karaage, etc.)									3 pieces (about 50g)			
	Chicken liver (yakitori, etc.)									1 skewer of yakitori (about 30g)			
Roast Ham										1 normal slice (about 15g)			
Wieners and Sausages										2 pieces (about 30g)			
Bacon										1 strip (about 20g)			
Canned Luncheon Meet										1/8 can (about 40g)			
Milk										1 200cc-glass			
Eggs										1 medium (about 50g)			
Cheese										1 slice of sliced cheese (about 20g)			
Yogurt										1 container (about 120g)			
Salted cod, salted mackerel, salted salmon										1 slice of fish meat (about 70g)			
Dried fish (open dried flavor)										1 piece (about 50g)			

Do not fill in 

Estimated Amount of Vegetables (full size)

If the amount you eat per time is about the same as in the photograph, please fill in "Same." If it is more than what is in the photograph (1.5 times or more), please fill in "More," and if less (less than half), please fill in "Less."

(a) Carrot, 1/4 carrot
(about 50g)



(b) Spinach, 2 bunches
(about 50g)



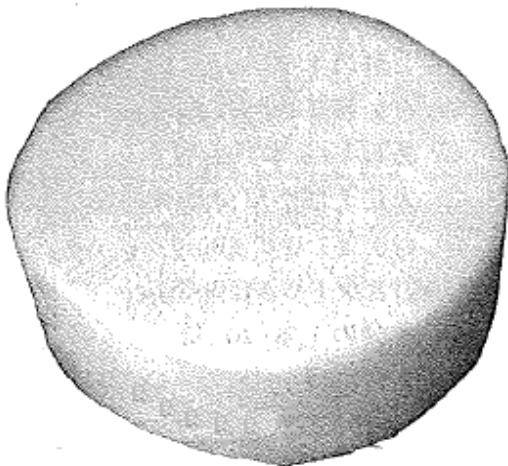
(c) Pumpkin, one 4 - 5cm cube
(about 40g)



(d) Cabbage, 1/2 medium-sized leaf
(about 30g)



(e) Radish, one 2-cm-thick round slice
(about 80g)



Recalling your diet over the past one year, please fill in average frequencies and amounts.

Name of Food Item	I do not eat it	1 – 3 times a month	1 – 2 times a week	3 – 4 times a week	5 – 6 times a week	Once daily	2 – 3 times daily	4 – 6 times daily	Estimated Amount Per Time	Estimated Amount Per Time		
										Less (half or less) than the estimated amount	Same as the estimated amount	More (1.5 time or more) than the estimated amount
Canned tuna (sea chicken flakes)									1/4 can (about 20g)			
Salmon or trout									1 slice of fish meat (about 70g)			
Bonito or tuna									4 raw slices (about 60g)			
Cod or flounder									1/2 slice (about 40g)			
Bream (Red Sea bream, Okinawan name: gurun, Okinawan name: machi, etc.)									1 slice (about 70g)			
Horse mackerel or sardines									1 fish (about 80g)			
Pike or mackerel									1 fish (about 80g)			
Dried whitebait									2 tablespoonfuls (about 10g)			
Cod roe or salmon roe									1/4 sac (about 20g)			
Eel									1/2 fish (about 50g)			
Squid									3 raw slices (about 50g)			
Octopus									1/3 tentacle (about 50g)			
Shrimp									2 Taisho shrimp (about 40g)			
Clams or freshwater clams									10 shucked pieces of meat (about 20g)			
Snails									10 shucked pieces of meat (about 20g)			
Fish cake									1/6 tube (about 20g)			
Fish paste									2 slices (about 20g)			

For the following vegetables, please refer to the photographs on the page on the left, and fill in the frequency or amount you eat in the season when they appear on the market.

Carrot									Refer to photograph (a)			
Spinach									Refer to photograph (b)			
Pumpkin									Refer to photograph (c)			
Cabbage									Refer to photograph (d)			
Radish									Refer to photograph (e)			

Do not fill in

For the following vegetables and fruits, please fill in the frequency or amount you eat in the season when they are available on the market.

Name of Food Item		I do not eat it	1 – 3 times a month	1 – 2 times a week	3 – 4 times a week	5 – 6 times a week	Once daily	2 – 3 times daily	4 – 6 times daily	Estimated Amount Per Time	Estimated Amount Per Time		
											Less (half or less) than the estimated amount	Same as the estimated amount	More (1.5 time or more) than the estimated amount
Tsukeymono Pickles	Takuwan									3 slices (about 30g)			
	Green-leafed tsukemono (Nozawana, leaf mustard)									1 small tsukemono plate (about 30g)			
	Dried plums									1 medium plum (about 8g)			
	Chinese cabbage									1 small tsukemono plate (about 30g)			
	Cucumbers									1 small tsukemono plate (about 30g)			
	Eggplant									1 small tsukemono plate (about 30g)			
Green peppers										1 pepper (about 30g)			
Tomatoes										¼ tomato (about 50g)			
Leeks										2 leeks (about 20g)			
Edible chrysanthemums										1/3 bunch (about 30g)			
Rape										1 stalk (about 20g)			
Broccoli										3 stalks (about 30g)			
Onions										¼ onion (about 50g)			
Cucumbers										1/3 cucumber (about 30g)			
Chinese cabbage										1/3 medium leaf (about 30g)			
Bean sprouts										¼ bag (about 25g)			
Haricot verts										6 beans (about 30g)			
Lettuces										1 medium leaf (about 10g)			
Chingensai (Okinawan name: pak-choi)										1 stalk (about 70g)			
Leaf mustard (Okinawan name: shimana)										2 stalks (about 70g)			
Bitter melon (Okinawan name: goya)										1/2 melon (about 100g)			
Swiss chard (Okinawan name: nsubana)										2 stalks (about 100g)			
Sponge gourd (Okinawan name: nabera)										1 gourd (about 100g)			
Mugwort (Okinawan name: fuchiba)										1 head (about 10g)			

For the following vegetables and fruits, please fill in the frequency or amount you eat in the season when they are available on the market.

Name of Food Item	I do not eat it	1 – 3 times a month	1 – 2 times a week	3 – 4 times a week	5 – 6 times a week	Once daily	2 – 3 times daily	4 – 6 times edaily	Estimated Amount Per Time	Estimated Amount Per Time		
										Less (half or less) than the estimated amount	Same as the estimated amount	More (1.5 time or more) than the estimated amount
Papaya									1/4 papaya (about 50g)			
Mandarin oranges									2 oranges (about 140g)			
Other citrus types (Hassaku oranges, iyokan, oranges)									1/2 of one (about 75g)			
Apples									1/2 apple (about 85g)			
Persimmons									1/2 persimmon (about 80g)			
Strawberries									5 berries (about 75g)			
Grapes									10 large grapes (about 100g)			
Melons									1/4 prince melon (about 60g)			
Watermelon									1/8 melon (about 1200g)			
Peaches									1/2 peach (about 65g)			
Nashi pears									1/2 pear (about 80g)			
Kiwi fruit									1/2 kiwi (about 50g)			
Pineapple									1/8 pineapple (about 130g)			
Banana									1 banana (about 75g)			

Recalling your diet over the past one year, please fill in average frequencies and amounts.

Bread types (including pastries also)									1 piece of 6 slices (about 60g)			
Udon									1 donburi bowlful (about 250g)			
Soba									1 donburi bowlful (about 200g)			
Okinawa soba									1 donburi bowlful (about 200g)			
Ramen									1 donburi bowlful (about 220g)			
Mochi cakes									1 commercially marketed cake (about 50g)			
Japanese confections (Daifuku, manju)									1 confection (about 70g)			
Cakes									1 slice small cake (about 70g)			

Do not fill in

Recalling your diet over the past one year, please fill in average frequencies and amounts.

Name of Food Item	I do not eat it	1 – 3 times a month	1 – 2 times a week	3 – 4 times a week	5 – 6 times a week	Once daily	2 – 3 times daily	4 – 6 times daily	Estimated Amount Per Time	Estimated Amount Per Time		
										Less (half or less) than the estimated amount	Same as the estimated amount	More (1.5 time or more) than the estimated amount
Biscuits and Cookies									2 cookies (about 25g)			
Chocolate									1/2 chocolate bar (about 25g)			
Peanuts									20 peanuts (about 20g)			
Tofu (ingredient of miso soup)									5 cubes (about 20g)			
Tofu (fried tofu, or cold or cut into cubes)									1/4 tofu cake (about 75g)			
Yushi tofu									1 soup bowlful (about 150g)			
Freeze-dried Takano tofu or shimi tofu									1/2 slice (about 60g)			
Fried auburaage tofu									1 miso soup bowlful (about 2g)			
Natto									1 small cup (about 50g)			
Satsuma sweet potatoes									1/6 potato (about 40g)			
Potatoes									1/3 potato (about 50g)			
Taro									1 taro (about 30g)			
Shiitake mushrooms									1 mushroom (about 20g)			
Enoki mushrooms/Shimeji mushrooms									1/4 mushroom (about 20g)			
Wakame seaweed or kelp									1 small bowlful (about 20g)			
Hijiki sea vegetable									1 small bowlful (about 20g)			
Nori dried seaweed (roasted seaweed or flavored seaweed)									5 sheets of flavored nori (about 2g)			

Please answer with average frequencies and amounts of what you use at the dining table.

Butter to put on bread									amount to spread on 1 piece of bread (about 8g)			
Margarine to put on bread									amount to spread on 1 piece of bread (about 8g)			
Dressing									1 tablespoonful (about 10g)			
Mayonnaise									1/2 tablespoonful (about 7g)			
Sauce									1 teaspoonful (5g)			
Ketchup									1 teaspoonful (6g)			

How frequently do you drink the following beverages?

Beverage Name	I do not eat it	1 - 2 times a week	3 - 4 times a week	5 - 6 times a week	A cup or glass daily	2 - 3 cups or glasses daily	4 - 6 cups or glasses daily	7 - 9 cups or glasses daily	10 cups or glasses or more daily
Soybean milk									
Japanese tea (green sencha tea)									
Japanese tea (coarse bancha tea or brown-rice genmaicha tea)									
Oolong tea									
Western black tea									
Coffee (other than canned coffee)									
Canned coffee									
Soup									
Lactic acid beverages (Yakult, etc.)									
100% fruit-juice orange juice									
100% fruit-juice apple juice									
Tomato juice									
Soft drinks (colas, etc.)									
Drink tonics (Lipovitan D, etc.)									
Drinking water (tap water or well water)									
Drinking water (marketed or water purifier)									

For people who drink black tea or coffee, do you add sugar or milk?

		I do not add them	Half spoonful	1 spoonful	2 spoonfuls	3 or more spoonfuls
Black tea	Sugar Milk					
Coffee	Sugar Milk					

Do not fill in

How frequently do you eat breakfast?					
☐ Less than once a month	☐ 1 - 3 times a month	☐ 1 - 2 times a week	☐ 3 - 4 times a week	☐ 5 - 6 times a week	☐ I eat it everyday

How frequently do you eat out? (Count bento boxed lunches and onigiri bought at stores as eating out)					
☐ Less than once a month	☐ 1 - 3 times a month	☐ 1 - 2 times a week	☐ 3 - 4 times a week	☐ 5 - 6 times a week	☐ I eat it everyday

How frequently do you eat instant foods? (ramen, cup noodles, packaged foods, etc.)					
☐ Less than once a month	☐ 1 - 3 times a month	☐ 1 - 2 times a week	☐ 3 - 4 times a week	☐ 5 - 6 times a week	☐ I eat it everyday

How frequently do you eat stir-fried foods (stir-fried vegetables, etc.) cooked in oil?					
☐ Less than once a month	☐ 1 - 3 times a month	☐ 1 - 2 times a week	☐ 3 - 4 times a week	☐ 5 - 6 times a week	☐ I eat it everyday

How frequently do you eat "deep-fat fried foods (fries, tempura, etc.)" cooked in oil?					
☐ Less than once a month	☐ 1 - 3 times a month	☐ 1 - 2 times a week	☐ 3 - 4 times a week	☐ 5 - 6 times a week	☐ I eat it everyday

How much fat on the meat do you eat?					
☐ I eat hardly any of it	☐ I eat about 1/3 of it	☐ I eat about half of it	☐ I eat about 2/3 of it	☐ I eat almost all of it	

How much soup of the ramen, udon or soba do you eat?					
☐ I eat hardly any of it	☐ I eat about 1/3 of it	☐ I eat about half of it	☐ I eat about 2/3 of it	☐ I eat almost all of it	

Do you usually put salt on your food at the dining table?					
☐ I do not	☐ I rarely put it on	☐ I sometimes put it on	☐ I generally put it on	☐ I always put it on	

Do you usually put soy sauce on your food at the dining table?					
☐ I do not	☐ I rarely put it on	☐ I sometimes put it on	☐ I generally put it on	☐ I always put it on	

Please choose the oil you use most and mark <u>only one</u> .					
☐ Vegetable oil (prepared oil)	☐ Safflower oil (benibana oil)	☐ Corn oil	☐ Soybean oil	☐ Rapeseed oil or canola oil	
☐ Olive oil	☐ Other				

Please mark <u>only one</u> as the preparation method you use most often.						
	Raw	Boiled	Grilled	Deep-Fat Fried	Stir-Fried	Other
For meats?						
For fish?						
For vegetables?						

How do you most often eat steaks and grilled meats?			
	Close to raw (rare)	Medium (medium rare – rare)	Well grilled (well done)

When you eat grilled fish, do you eat the burned parts?				
☐ I hardly ever eat them	☐ I eat about 1/3 of them	☐ I eat about half of them	☐ I eat about 2/3 of them	☐ I eat almost all of them

Currently, whom do you live with? Please mark <u>all</u> of the people that you live with.				
☐ Spouse	☐ Child	☐ Parents	☐ Other	☐ I live alone

Has your work changed in the last 5 years?		
☐ It has not changed	☐ I changed jobs	☐ I retired and currently do not work

What is your current work? If it changes because you work more than one job or seasonally, please mark all that apply.				
☐ Agricultural industry	☐ Forestry industry	☐ Fishing industry	☐ Office work	☐ Self-employed
☐ Specialty work	☐ Housewife	☐ Unemployed	☐ Other	

About how many hours do you work per day?		
Less than 5 hours	5 hours or more and less than 9 hours	9 hours or more

Usually per day, about how many hours do you move your body including work?			
In physical labor and extreme sports?	None	Less than 1 hour	1 hour or more
Time sitting?	3 hours or less	3 - 8 hours	8 hours or more
Time walking or standing?	Less than 1 hour	1 - 3 hours	3 hours or more

About how often do you have the opportunity to play sports or exercise outside of work?				
Hardly ever	1 - 3 times a month	1 - 2 times a week	3 - 4 times a week	Almost every day

Do not fill in 

Normally about how much sleep are you trying to get?
☐ 5 hours or less ☐ 6 hours ☐ 7 hours ☐ 8 hours ☐ 9 hours ☐ 10 hours or more

Are you regular in your everyday life?	☐ I am regular ☐ I am not regular
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In your daily life do you have the feeling you are overworked?
☐ I am not overworked ☐ I have the feeling I am a bit overworked ☐ I am always overworked

Daily, do you think that you have a lot of stress?
☐ A bit ☐ Normal ☐ A lot

Do you think you are enjoying your life?
☐ No ☐ Normal ☐ Yes

When it is cold, do you use an electric blanket?	☐ I do not ☐ I do
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Do you use an electric carpet for heating?	☐ I do not ☐ I do
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We are asking these only of women.	
Currently, do you take female hormone medications?	☐ I do not take them ☐ I do take them
Currently, do you have menses (menstruation)?	☐ I do ☐ I have had menopause naturally ☐ I have had menopause surgically, etc.
For persons who have had menopause, at what age did you have menopause?	
☐ Age 39 or under ☐ Age 40 - 44 ☐ Age 45 - 49 ☐ Age 50 - 54 ☐ Age 55 - 59 ☐ Age 60 or over	

Who filled this in?	☐ Self ☐ Representative
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This is the end. We would appreciate it if you would check once more that you have not omitted anything. Thank you very much for your cooperation spending a long time on this.